

**Human Resources/Employee Benefits & Services**  
**ADDING DEPENDENTS**  
**Payroll/Personnel Assistant (PPA) Check List & Instructions**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Dept/Div: \_\_\_\_\_ Position: \_\_\_\_\_

**Health/Dental Insurance Selection Form**

It is the PPA's responsibility to ensure that this form is accurately completed.

1. Complete the top portion of the form, which should be self-explanatory.
2. Enter an effective date.
3. Enter the employee's current health and dental plans.
4. In-Hospital Indemnity Plan: check the appropriate box or the No Change box.
5. Eligible dependents: list on front of form and on reverse of form if they reside at a different address. All areas must be completed. POS or PacifiCare HMO plans must list a physician's name and medical group for each dependent. If on PacifiCare Dental, each dependent must list a dental office code.
6. If an employee or dependent has other insurance coverage, this information must be listed on the reverse side of the form.
7. Employees must provide proof of eligibility for dependent(s), or sign a Dependent Insurance Coverage Eligibility (DICE) memo agreeing to provide the necessary documentation within three (3) months. Please refer to the following instructions on completing the DICE memo.
8. Form must be signed and dated on the back.
9. Send an original and two copies to Employee Benefits & Services; place one copy in the employee's department personnel file.
10. Issue ID cards to the dependents if employee has the Great-West PPO plans.

**DICE Memo**

1. Complete the Verification Form with the employee's name, social security number, and Department.
2. Employee completes the rest of the form.
3. Give the employee a copy of this form along with the accompanying memo. You should hold and monitor the original DICE memo to verify employee provides the appropriate documentation by using a tickler file, etc.
4. Completed DICE memo is to be filed in the employee's department personnel file.
5. If employee does not provide eligibility proof within three (3) months of hire date, this form is to be forwarded to Employee Benefits & Services with a note indicating same.

Note: Employees with dependent(s) have up to three (3) months to provide eligibility proof of their dependent(s). Please refer to the Employee Benefits Summary Book for the list of eligible dependents & documents required. All

copies of the documents must be placed in the employee's department personnel file.

### **COBRA Continuation of Health Coverage**

Mail dependent(s) a copy of the COBRA letter (To The Family Members of City of Long Beach Employees). After completion of the preceding, prepare a Proof of COBRA Notification Form and place it in the employee's department personnel file.

### **Life Insurance**

If the employee is adding a new spouse, ask the employee if they want to change their life insurance beneficiary. If yes, have them complete a Change of Beneficiary Form and forward the form to Employee Benefits & Services.